

## Foster Family Home - Corrective Action Report

Provider ID: 1-563785

Home Name: Melany Raralio, CNA

Review ID: 1-563785-6

92-766 Palailai Street

Reviewer: David Ayling

Kapolei

HI 96707

Begin Date: 5/20/2020

Foster Family Home


Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Annual Home inspection for a 3 person CCFFH. Completed annual review. No deficiencies.

  
Compliance Manager

  
Primary Care Giver

5/20/2020  
Date

5-20-20  
Date